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## BIB DATA SHEET

CONFIRMATION NO. 8469

<b>SERIAL NUMBER</b> 09/913,325	<b>FILING or 371(c) DATE</b> 08/10/2001 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1635	<b>ATTORNEY DOCKET NO.</b> UBC.P-020	
<b>APPLICANTS</b> Martin Gleave, Vancouver, CANADA; Paul S. Rennie, Richmond, CANADA; Hideaki Miyake, Vancouver, CANADA; Colleen Nelson, Surrey, CANADA; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/US00/04875 02/25/2000 which claims benefit of 60/121,726 02/26/1999 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY **</b>					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No Verified and <u>/TRACY ANN</u> <u>VIVLEMORE/</u> Acknowledged <u>Examiner's Signature</u>	<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> CANADA	<b>SHEETS DRAWINGS</b> 15	<b>TOTAL CLAIMS</b> 34	<b>INDEPENDENT CLAIMS</b> 4
<b>ADDRESS</b> Marina Larson & Associates, LLC P.O. BOX 4928 DILLON, CO 80435 UNITED STATES					
<b>TITLE</b> Trpm-2 antisense therapy					
<b>FILING FEE RECEIVED</b> 321	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		